STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee Fonly PAC 316 Cledinately 57 Ponaldsonville, Lovisian M 7034 Check If: New Committee 5. All Committee Officers and Directors (including Chairpers a. Name Chairperson Treasurer	2. Date of this Statement 7-/5-/6 3. Estimated Membership 4. Amended Statement? Yes No	ls st
Affiliated Organizations (Any organization, other than a political committee, which a. <u>Name</u> b. <u>Address</u>	h directly or indirectly established, administers, or	financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds funds.) a. Name b. Address Finsh Amenica - Banic 26		•
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDA Committee	ATE: a. Check one: Principal Camp	aign Committee Subsidiary
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone 225 - 505 - 1	les Slont	
10. WE HEREBY CERTIFY that the information contained in and belief. This	this STATEMENT OF ORGANIZATION is true and the state of t	d correct to the best of our knewledge, information
Signature of Committee Treasurer, if any		time Telephone Number